PTO/SB/17 (12-04v2) e through 07/31/2006. OMB 0651-0032 U.S. DEPARTMENT OF COMMERCE it displays a valid OMB control number

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1 3 2009 W	. Under the Paperwork Reduction Act of 1995 no persons are re-		Approved for use Frademark Office; t information unless it
	Effective on 12/08/2004.		Complete
<i>\\$</i> /(	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		F
	FEE TRANSMITTAL	Application Number	10/572,695
TRADEANA	LEE IKANSMITTAL	Filing Date	3/21/06
	for FY 2005	First Named Inventor	David Lowell

Complete if Known			
Application Number	10/572,695		
Filing Date	3/21/06		
First Named Inventor	David Lowell Mcneety		
Examiner Name	Qutbuddin Ghulamali		
Art Unit	2611		
Attemory Dooket No.	PU030265		

Applicant claim	s small entity	status. See	37 CFR 1.27	Art Unit	12011				
TOTAL AMOUNT O	F PAYMENT	(\$) 1110	.00	Attorney Docket No.	PU03	PU030265			
METHOD OF PAYMENT (check all that apply)									
Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):  Customer Number 24498  Deposit Account: Deposit Account Number 07-0832  Deposit Account Name: THOMSON LICENSING LLC  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
🛛 Charge fe	e(s) indicated ny additional 37 CFR 1.16 on this form m	l below fee(s) or und and 1.17 ay become pub	ferpayments o	☐ Charge fee  f ☑ Credit any	e(s) indi overpa	cated below yments	, except for the filing fee		
FEE CALCULATION				-					
1. BASIC FILING, SE	FILING FE			CH FEES Small Entity	E>	(AMINATION F	EES Small Entity		
<b>Application Type</b>	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (	<u>\$)</u> <u>F</u>	ee (\$) Fees Paid (\$)		
Utility	300	150	500	250	200	)	100		
Design	200	100	100	50	130	)	65		
Plant	200	100	300	150	160	)	80		
Reissue	300	150	500	250	600	)	300		
Provisional	200	100	0	0	0		0		
2. EXCESS CLAIM F	EE\$						Small Entity		
Fee Description						Fee (\$)	<u>Fee (\$)</u>		
Each claim over 20 (inclu	ıding Reissues)	- Sant		ř		50	25		
Each independent claim		Reissues)		i		200	100		
Multiple dependent claim		- Ole!	Fac (\$)	See Deld (6)		360	180		
Total Claims	or HP =	<u>a Claims)</u> درانید	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u> =		Fee (\$)	Dependent Claims Fee Paid (\$)		
HP = highest number of							<u> </u>		
Independent Claims	Extension HP =	a Claims	Fee (\$)	Fee Paid (\$)					
HP = highest number of									
3. APPLICATION SIZ	E FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets									
100 = / 50 = (round <b>up</b> to a whole number) x / =									
4. OTHER FEE(S) Three-Month Extension  Fees Paid (\$) \$1110.00									
Other (e.g., late filing surcharge):									
SUBMITTED BY									
Name (Print/Type)	Vincent E. Duffy		Registration No. (Attorney/Agent)	39,964		Telephone	818-260-3727		
Signature	Alues	5	1/195)			Date	1/09/09		

Complete if Known

PTC/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

CEE TO A NORMITTAL	Application Number	10/572,695
FEE TRANSMITTAL	Filing Date	3/21/06
for FY 2005	First Named Inventor	David Lowell Mcneely
	Examiner Name	Qutbuddin Ghulamali
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2611
OTAL AMOUNT OF PAYMENT (\$) 1110.00	Attorney Docket No.	PU030265

		1 (17					
METHOD OF PAYMENT	check all that a	apply)					
Check Customer Number 2	edit card	☐ Money O	rder	☐ None	☐ Other	(please identify):	
Deposit Accoun		count Number 07	-0832	Deposit Account	Name:	THOMSON LICENSI	NG LLC
			_	by authorized to: (ch			
					e(s) indicate	ed below, excer	t for the filing fee
		al fee(s) or un	derpayments o	of 🛛 Credit any	overpayme	ents	
fee(s) under : WARNING: Information			blic. Credit card i	information should no	t be included	on this form. Provi	de credit card
information and author							
FEE CALCULATION							
1. BASIC FILING, SE							
	FILING	FEES Small Entity	SEAR	CH FEES Small Entity	EXAM	INATION FEES Small E	ntity
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	rees raid (\$)
	200	100	100	50 50	130	65	
Design Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
Provisional	200	100	Ū	J	Ū	Ū	
2. EXCESS CLAIM F	EES					<u>Small I</u>	Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (inclu	-			Y		50	25
Each independent claim Multiple dependent claim		ing Reissues				200 360	100 180
Total Claims		xtra Claims	Fee (\$)	Fee Paid (\$)		300 <u>Multiple Depend</u>	
	or HP = _	·, ì,		=		Fee (\$)	Fee Paid (\$)
HP = highest number of		aid for, if greater th	ıan 20.	<del></del>	•		
independent Claims	_	xtra Claims	Fee (\$)	ָנר, Fee Paid (\$)			
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HP = highest number of							
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If the specification and	d drawings e	exceed 100 she	ets of paper (ex	cluding electronically	filed sequen	ce or computer	
listings under 37 CFR sheets or fraction the					ntity) for each	additional 50	
Total Sheets	Extra S	heets N	umber of each	additional 50 or fra	ction thereo	f Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	(rou	and up to a whole nu	ımber) x		_ =
4. OTHER FEE(S)							Fees Pald (\$)
Three-Month Extension	on						\$1110.00
Other (e.g., late filing	cumbarae).						
Carci (c.g., late filling	outonalye).						

SUBMITTED BY					
Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	818-260-3727
Signature	Vuest	9/69)		Date	1/09/09